

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

22 SEP 17 1941  
4-41  
17-39  
X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26610

1003

Primary Registration District No.

Registrar's No. 6402

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
In this community years, months or days) 0

3. (a) PRINT FULL NAME Christ Schmidt

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife, Virginia Schmidt 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 13, 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Michael Schmidt  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mena Sponavs  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant S. F. Schappert  
(b) Address 3860 Louisiana  
Burial (c) Date thereof 8-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery  
18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand Blvd.

19. (a) AUG - 5 1941 (b) J. H. Dredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7722 Michigan Ave  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2, year 1941 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from August 1, 1941, August 2, 1941, that I last saw him alive on August 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Portal Cirrhosis of Liver

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy Refused  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature R. J. M... (M. D. or other) 0  
Address 1515 Lafayette Avenue, Date signed 8/4/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Virgil L. Berryman*

Licensed Embalmer No. *4018*

P. O. Address *St. Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his.OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**